

Application Data Sheet

Application Information

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|----------------------------------|--|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | <u>METHOD FOR ISOLATING AN</u> <u>ALLOSTERIC EFFECTOR OF A</u> <u>RECEPTOR</u> |
| Attorney Docket Number:: | 0508-1121 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 12 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC
Middle Name::
Family Name:: GALZI
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 37, RUE SAINT ALOISE
Address::
City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-67100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARCEL
Middle Name::
Family Name:: HIBERT
Name Suffix::
City of Residence:: ESCHAU
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 21, RUE ALFRED-KASTLER
Address::
City of Mailing Address:: ESCHAU

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State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67114

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-JACQUES

Middle Name::

Family Name:: BOURGUIGNON

Name Suffix::

City of Residence:: HIPSHEIM

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 14, RUE DE BRUHL

Address::

City of Mailing Address:: HIPSHEIM

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67150

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: EMELINE

Middle Name::

Family Name:: MAILLET

Name Suffix::

City of Residence:: STRASBOURG

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 16, RUE DE BITCHE

Address::

City of Mailing Address:: STRASBOURG

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67000

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

Representative Customer

00466

Number::

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/FR03/01817 | 6/16/03 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 02/07436 | 6/17/02 | Yes |
| | | | |

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Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::